

ARIZONA LENGTHY TRIAL FUND REIMBURSEMENT REQUEST

1. Person preparing this report: _____
Name Title
2. County: _____
3. Send payment to: _____
Street/P.O. Box City Zip
4. Case No. _____
5. Dates covered by this request: Begin date: _____ End date: _____
6. Number of jury service days covered by this request _____
7. Number of trial days to date _____
8. ☐ Trial completed ☐ Trial on-going
9. Total number of jurors empanelled for this case _____
10. Number of jurors who sought payment from the Arizona Lengthy Trial Fund _____
11. Number of claims denied _____
12. Total Lengthy Trial Fund Payments to jurors for the time period covered by this request (from Worksheet) \$ _____
13. In addition to the payments made to jurors specified above, I hereby request reimbursement for the following administrative costs permitted by ARS § 21-222(B). I understand that interim payments made to jurors cannot be the subject of an administrative fee reimbursement request. Number of original claims filed by jurors (from item 10) _____ x \$18 = \$ _____.
14. TOTAL REIMBURSEMENT REQUESTED: (item 12 plus item 13): \$ _____

Signature of Jury Commissioner

Date

PLEASE COMPLETE THE WORKSHEET ON PAGE 2

REIMBURSEMENT REQUEST WORKSHEET

The following Lengthy Trial Fund payments were made to individual jurors during the time period covered by this request (do not include statutory per diem or mileage payments):

A. Juror Identification Number	B Daily Rate Paid	C Number of Days Paid	D Total Lengthy Trial Fund Payment Made to This Juror (B x C = D)

TOTAL PAID TO ALL JURORS \$ _____